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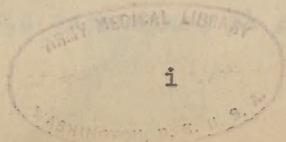


GUIDING PRINCIPLES OF THE HISTORY

The history of the United States Army Medical Department in World War II should tell the story of the whole medical service - not that of disjointed pieces. Only through a complete presentation can a real appreciation be had of the main purposes and activities of that medical service. It must be realized that the major subdivisions, those of Supply, Personnel, Hospitalization, Evacuation, etc., did not exist for themselves alone but solely to accomplish the primary purpose of the Medical Department - the protection of the health of the Army and the care of the sick and wounded.

This principal mission, then, must be the main theme of the story. The organization and planning for this end, together with the procurement, the construction, the personnel, and the methods for securing it, should always be described in relation to this main theme. Told separately, the stories of the various subdivisions of the medical service lack coherence and meaning and the accomplishment of the Medical Department mission becomes obscured behind a screen of comparatively irrelevant detail.

The concept of describing the activities of the medical service in direct relation to its primary purpose determines the pattern of the story at various periods and gives distinct unity to the entire history. It is felt that the story should be told as a narrative in as consecutive a way as possible, adhering to a chronology of the major events in each of the different periods. It is further felt, since this is a history of military medicine, that these periods and



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the happenings in them were determined by the course of the war. The military nature is a distinctive feature of this medical history and must necessarily influence the chronology and method of presentation. As will be seen later, this is particularly true of the story of overseas operations.

An outline for the presentation of the history of the medical service has been prepared, based on these principles. Throughout the story a basic pattern of treatment has been adopted, which, through repetition in each of the story periods, is intended to improve the clarity of the narrative and provide a better understanding of the structure of the medical service. This pattern includes a summary of the problems posed in each period, discussions of the preparatory measures for personnel, supply, hospitalization, and evacuation, and reports of undertakings and accomplishments in preventive medicine and professional medical care. It is desirable to point out here that certain activities and subject matter which seem, on the surface, to have received considerable emphasis in the outline, will not necessarily be the key parts of the written history. Frequently the emphasis is found placed on that subject matter with which the authors are the most familiar. In addition, some parts of the outline are given in greater detail than others as an example of how certain subject matter should be treated, a practice which could not be followed throughout if the outline was to be kept in reasonable confines.

Part I, the Introduction, is designed to give the reader a general idea of just what the Medical Department is, what it

consists of, and what it is supposed to do. The military nature of its task is stressed and its position in the general organization of a wartime Army is briefly described. The central theme - the major mission of the Medical Department - is then enunciated and related to the factors employed in achieving it. These are then linked together through a description of the overall medical organization. Part I closes with a discussion of the role of the medical service in the peacetime organization and activities of the Army.

Part II, the Period of Emergency, 1939-1941, covers a period which was primarily one of expansion and of planning for a possible war. The story of the problems of expansion follows the basic pattern, treating first the people involved, then the physical means, e.g. hospital construction and medical supplies, and ending with the main theme. Since this is a period of considerable increase in the personnel strength of the Medical Department, the problems incident to expansion loom large. The main lines for the procurement, training, and assignment of personnel were laid down at this time and it is felt that the bulk of the story of these activities could be told here. Such treatment would mean carrying the personnel story beyond the period of time with which this part is chiefly concerned, but it is firmly believed that a certain amount of chronological overlapping is necessary to maintain a flow of narrative.

The principal activities relating to the major mission of the medical service which were carried on during 1939-1941 were concerned with planning, with research, and with the health problems arising with the assembly of large groups of young men newly brought together. One

special problem created was that of venereal disease control in such a group. This will be discussed in some detail here, not only because it was of great importance at this time, but also because it provides a good framework for a description of preventive medicine organization and practices.

This feature of using typical examples of a certain activity to illustrate a more general aspect will be followed throughout the history wherever possible. To relate all the details of every aspect of each activity would be beyond all possible limits of any published history. Only by the well-chosen use of typical examples can a reasonably thorough and well balanced story be told.

The Advent of War, Part III, created a series of urgent and immediate problems which will be discussed in this part. First, the tactical situation and its effect on the medical service will be described, then the provisions made to meet the crisis, following the basic pattern where applicable, and concluding with the organizational changes necessitated by the new conditions. The latter activities pertaining to the organizational structure of the medical service will be discussed fully in this part, for here again it is felt that thorough treatment of this matter at this time will furnish a sound background against which any future discussions of organization can be presented in their barest essentials.

In Part IV, Planning and Preparations for Overseas Operations, the overall Allied strategy for the prosecution of the war, the planning for overseas operations that was done in the Zone of the Interior, and the planning for medical activity at home will be presented. Again emphasizing that this is a history of military medicine, the story of

medical planning and preparation will be geared to the projection of military planning and strategy. Adhering to the general pattern laid down in the earlier parts, a general discussion of the plans for the major overseas operations will be given in chronological order. Specific operations will be selected for discussion in greater detail to illustrate both general and specific features: the lessons of the early operations and their application to future planning will be summarized.

Part IV will be concluded with a thorough treatment of the preparations of the medical service in the ZI for military operations and activities both at home and in the overseas theaters. This topic will be carried through to the termination of hostilities for it is felt that the complete story of Medical Department activity in the United States is a proper introduction to the narrative of the medical service in the theaters of operation.

In Parts V and VI, the Medical Service in the War against Germany, and Japan, the story moves overseas, with the shift of emphasis to the medical service in combat. This transfer of scene is consistent with the course of military action and the major trend of events which were highlighted by the steadily increasing flow of troops across two oceans in 1943 and 1944, the launching of a series of offensive operations in all theaters, and the resultant propulsion of the medical service into its most vigorous character.

The basic strategy adopted by the Combined Chiefs of Staff, which embodied the concentration of resources first to defeat Germany and then Japan, dictates the chronology of these two parts. It is strongly believed that considerations of tactical developments and balanced

chronology demand the continuous treatment of the story of each major theater. It is further felt that this treatment is consistent with the relative autonomy of the theaters and that a true overall concept of the operation of the medical service in any one theater of operation can only be had if that theater is presented complete in itself. In Part V, which outlines the medical service in the war against Germany, once the description of North African landings and offensive is begun, the story of the continuous campaigns in Tunisia, Sicily, and Italy is presented without interruption. This course is followed because of a conviction that if the story of that thirty-month offensive was chronologically interlaced with the narration of events in Great Britain and on the European continent proper, the result could only be confusing and out of perspective.

Throughout the story of the medical service in the theaters of operation the basic pattern of treatment is repeated as events in the theaters shape themselves into distinct periods. At the conclusion of the theater stories the differences in the nature of the campaigns are to be emphasized and compared against their effect on the conduct of the medical service. Separate treatment of the theater histories logically lends itself to this type of summary which is felt to be invaluable to an accurate appraisal of accomplishment.

Part VII, Evacuation from Overseas and the Medical Service in the Zone of the Interior, follows a chronology of the return of the wounded from the overseas theaters to the Zone of the Interior and a description of the professional medical care provided this patient group in the United States. Evacuation from overseas and the medical service in

the ZI cannot be definitely placed in any one chronological period since they were carried out continuously throughout the war years. But, since the greatest patient load was returned to the United States in 1944-1945 it is believed the discussion of the overseas evacuation of the wounded and their medical care following evacuation logically follows the story of the medical service in the combat zones.

Redeployment, demobilization, and the medical service of the armies of occupation, the major problems which immediately followed the termination of the war in Europe and the Pacific, are dealt with in that order in part VIII. The treatment of this subject matter is purely chronological and includes the military and medical plans for re-deployment and demobilization, the carrying out of those plans in the ZI and in the overseas theaters, and a discussion of the organization and functioning of the medical service, by the major theaters, provided the occupation forces.

Following the chronological narrative, Part IX presents a recapitulation of the major aspects of the medical service. It is felt that a reader would be more interested in and have a better understanding of these details of various aspects of the medical service after completing the narrative story in which all aspects have been interrelated. These topical discussions would include particularly these details which are not distinctively of time or place or whose prior inclusion would have impeded the flow of the narrative. The detailed functioning of type medical units, to include their organization, administration, and operation; and a comprehensive

description of the subject matter contained in the specialized training courses, are two examples of the type of discussions this part would contain. As indicated in the outline this recapitulation of the more important aspects of the medical service would be arranged in the same basic pattern employed in the chronological narrative, a device which would preserve the unity of the history and present the topical discussions in ordered sequence.

Part X presents a basis for the critical evaluation of the medical service as a whole, particularly as it relates to its major mission. Here will be discussed the relative degrees of effectiveness of the constituent elements of the medical service in attaining results, the successes and failures based on statistical studies, the permanent contributions to medicine, and, in conclusion, the heritage of the war in terms of national health.

TABLE OF CONTENTS AND DISTRIBUTION OF SPACE

<u>VOLUME ONE:</u>	Part I - Introduction.	25
	Part II - Period of Emergency.	250
	Part III - The Advent of War.	75
	Part IV - Planning and Preparations for Offensive Operations.	<u>250</u>
	Total Pages	600
<u>VOLUME TWO:</u>	Part V - The Medical Service in the War Against Germany.	
	Total Pages	450
<u>VOLUME THREE:</u>	Part VI - The Medical Service in the War Against Japan.	
	Total Pages	450
<u>VOLUME FOUR:</u>	Part VII - Evacuation from Overseas: Medical Service in the Zone of the Interior.	150
	Part VIII - Redeployment, Demobilization, and the Medical Service of the Army of Occupation.	50
	Part IX - Recapitulation of the Major Aspects of the Medical Service.	
	Chapter 1. Organization.	50
	Chapter 2. Personnel and Troop Strength.	50
	Chapter 3. Training of Medical Troops.	50
	Chapter 4. Functioning of Type Medical Units.	<u>100</u>
	Total Pages	450
<u>VOLUME FIVE:</u>	Part IX - Recapitulation. (Continued)	
	Chapter 5. Hospitalization.	75
	Chapter 6. Morale and Recreation.	25
	Chapter 7. Medical Records.	50
	Chapter 8. Evacuation.	50
	Chapter 9. Medical Supply and Equipment.	200
	Chapter 10. Research and Develop- ment.	<u>50</u>
	Total Pages	450
<u>VOLUME SIX:</u>	Part IX - Recapitulation. (Continued)	
	Chapter 11. Aviation Medicine.	
	Total Pages	400

<u>VOLUME SEVEN:</u>	Part IX - Recapitulation. (Continued)	
	Chapter 12. Preventive Medicine.	400
	Chapter 13. Medical Intelligence.	50
	Chapter 14. Provisions for Gas Casualties.	50
	Chapter 15. Veterinary Medicine.	<u>100</u>
	Total Pages	600

<u>VOLUME EIGHT:</u>	Part IX - Recapitulation. (Continued)	
	Chapter 16. Professional and Scientific Liaison.	50
	Chapter 17. Professional Medical and Surgical Care: Organization and Policy.	100
	Chapter 18. Medical Service.	125
	Chapter 19. Surgical Service.	125
	Chapter 20. Neuropsychiatric Service.	100
	Chapter 21. Care of Female Personnel.	25
	Chapter 22. Professional Care: Conclusion.	<u>25</u>
	Total Pages	550

<u>VOLUME NINE:</u>	Part IX - Recapitulation. (Concluded)	
	Chapter 23. Nursing Service.	150
	Chapter 24. Dental Service.	150
	Chapter 25. Reconditioning.	100
	Part X - Evaluation of the Results of the Medical Service in World War II.	<u>100</u>
	Total Pages	500

VOLUME ONE

PART I. INTRODUCTION.

The General Organization and Functions of the Medical Department.

1. Mission of the Medical Service.

- a. Relation to the line.
- b. Relation to the other services.

2. Major Spheres.

- a. Prevention of disease - sanitation.
- b. Professional care - medical and surgical.
- c. Medical personnel and troop units.
- d. Provision of hospital and evacuation facilities.
- e. Medical supply and equipment.

3. General Organization.

a. In relation to War Department organization.

- (1) to the General Staff.
- (2) to Major components: ASF, AGF, AAF.
- (3) to subordinate components and commands.

b. The Surgeon General's Office.

- (1) in relation to major spheres and other activities.
e.g. planning and operations.
- (2) Policies and responsibilities.

c. Comparable organization in other echelons.

4. Organization of medical personnel in relation to Army organization.

a. General organization of the Medical Department.

- (1) Officer - in various corps.
- (2) Enlisted.

b. Component organization.

- (1) Medical units.
- (2) Attached medical personnel.

5. Peacetime Organization following World War I: the nucleus for expansion.

- a. The Regular Army. Officer and enlisted personnel.
- b. The National Guard.
 - (1) Medical units.
 - (2) Attached medical personnel.
- c. The Reserve Corps. Officer and enlisted personnel.
- d. Activities before 1939.
 - (1) In Zone of the Interior.
 - (2) In Overseas bases.
- e. Plans for expansion.
 - (1) Procurement, training, and assignment of personnel.
 - (2) Medical supply and equipment.
 - (3) Hospitalization requirements.

PART II. PERIOD OF EMERGENCY, 1939-1941.

1. Problems of Expansion.

- a. Selective Service and standards for induction.
 - (1) Induction procedures.
 - (2) MR 1-9 and revisions.
 - (3) Results and effects of examinations.
- b. Expansion of the Medical Service.
 - (1) Assignment of Selective Service inductees.
 - (2) National Guard units called to active service.
 - (3) ORC and ERC called to active duty.
 - (4) Expansion of administrative organization.
 - (5) Mobilization of professional personnel.
 - (a) Co-operation with AMA and NRC. Later developments.
- c. Development of the Training Program.
 - (1) Major Training Agencies. AGF, AAF, ASF.
 - (a) Medical Replacement Training Centers.
 - (2) Training of officer personnel.

- (a) MAC officer candidate schools.
 - (b) Medical Field Service School.
 - (c) Professional schools: e.g. Tropical Medicine, etc.
 - (d) Line courses for medical officers.
- (3) Training of enlisted personnel.
 - (a) Basic MD training.
 - (b) Technicians schools.
- (4) Medical Department Unit Training.
 - (a) The Training of Individual Units.
 - (b) Unit Training Centers.
 - (c) Army Maneuvers.
- (5) Revisions and programs caused by strategical developments.
- (6) Medical training of line personnel.
 - (a) Sanitation.
 - (b) First Aid.
- d. Nucleus for war-time expansion.
 - (1) The Cadre system.
 - (a) For hospital units.
 - (b) For ground force units.
 - (2) The Plan for affiliated medical units.
 - (a) Colleges and Universities.
 - (b) Municipal institutions.
 - (c) Type units.
- e. Construction.
 - (1) Expansion of existing facilities.
 - (2) New hospitals in the Zone of the Interior.
 - (3) Increased facilities in Overseas commands.
 - (4) Other medical installations.
- f. Formulation of the Supply Program.
 - (1) Organization of the Supply Service.
 - (2) Procurement and fiscal policies.
 - (3) Medical depot system.
 - (4) Stock control.
 - (5) Distribution and issue.

- (a) In Zone of the Interior.
- (b) To Overseas bases.

(6) Maintenance.

g. Provisions for Professional Treatment.

- (1) Professional Re-organization of the Medical Service.
- (2) Revision of Medical Department tables of organization.
- (3) Application of Modern Research.

- (a) National Research Council advice.
- (b) Research projects: e.g. CMR and military.

(4) Provisions for the medical care of personnel.

h. Prevention of Diseases.

- (1) The overall problem in an expanding Army.
- (2) Conditions in camps and on maneuvers.
- (3) Inoculations program.
- (4) Specific problems: e.g. Venereal Disease Control.

2. Planning for a Possible War.

a. Plans for the Zone of the Interior.

- (1) American-British Staff Conversations.
- (2) Medical planning in relation to overall strategy.

b. Plans for Overseas organization. Medical aspects.

- (1) RAINBOW-5.
- (2) Others.

3. Pre-war Overseas Activities. Medical aspects.

- a. Iceland.
- b. Philippines.
- c. U.S. Mission to China.
- d. U.S. Mission to England (SPOBS).

PART III. THE ADVENT OF WAR.

1. Immediate problems in the Philippines.

- a. Medical service for a retreating army.
- b. Reinforcements.
- c. Medical supply.
- d. Hospitalization and evacuation.

2. Strengthening the Western defenses.
 - a. Hurried movement of troops and supplies.
3. Competing needs in the Pacific and Europe.
 - a. The race for Australia.
 - b. Activation of USAFBI.
 - (1) U.S. troops in Ireland.
4. Mobilization of new units.
 - a. Inductions speeded up.
 - b. Affiliated units called to active service.
 - c. Flow of troops overseas accelerated.
 - d. Training periods shortened.
5. Increased supply requirements.
 - a. Submarine threat to overseas supply.
 - b. Stimulated production and procurement.
6. Organizational Changes.
 - a. War Department Re-organization.
 - (1) Creation of AGF, AAF, and ASF.
 - (2) Service Command Organization.
 - (3) Effects on Medical Service.
 - b. Investigation of Surgeon General's Office.
 - (1) Purpose.
 - (2) Conclusions and Results.
 - (a) Re-Organization of the Supply Service.
 - c. Inauguration of the Consultant system.
 - d. Overseas Organization. Discuss by Theaters.
 - (1) Medical Organization.
 - (2) Channels of Communication.
 - (a) Command.
 - (b) Technical.
7. The Medical Situation Overseas in 1942.
 - a. European Theater.

- (1) Cross Channel operation abandoned in favor of TORCH operation.
- (2) Problems of Medical Service in Africa and United Kingdom.

b. Pacific Theater.

- (1) Offensives in Solomons and New Guinea.
- (2) Immediate medical problems.

PART IV. PLANNING AND PREPARATIONS FOR OFFENSIVE OPERATIONS.

1. The Overall Strategical Concept.

a. Initial meeting of Combined Chiefs of Staff.

- (1) Defeat of Germany given first priority.
- (2) Defensive action in Pacific.

b. Effect on Medical planning.

- (1) In Zone of the Interior.
- (2) In overseas theaters.

2. General plans for Overseas operations.

(Here will follow a discussion of the general plans for overseas operations, told in chronological sequence, with the medical plans adhering to the outline immediately below. The detailed planning of specific operations will be related in Parts V and VI together with a discussion of results.)

a. (1) Medical Troop Basis. Totals, changes.

- (a) Composition: number of type medical units.
- (b) Specialist and unit training.

(2) Medical Supply and Equipment.

- (a) Procurement.
- (b) Storage.
- (c) Requisitioning and distribution.

(3) Hospitalization.

- (a) Bed requirements.
- (b) Construction.

(4) Evacuation: Policies and procedure.

- (a) Influencing factors.
- (b) Development of facilities.

(5) Preventive Medicine.

- (a) Surveys of world disease conditions.
- (b) Epidemiology.
- (c) Sanitation and nutrition.
- (d) Venereal disease control.
- (e) Gas casualty.

(6) Professional medical care.

- (a) Medical.
- (b) Surgical.
- (c) Neuropsychiatry.
- (d) Dental.
- (e) Nursing.
- (f) Physical therapy.
- (g) Veterinary medicine.
- (h) Consultant service.

(7) Reconditioning.

- (a) Installations.
- (b) Physical reconditioning.
- (c) Educational reconditioning.
- (d) Occupational and industrial therapy.

3. General plans for Zone of the Interior operations.

(Here will follow a discussion of ZI planning as it was related to the development and tactical operations in the theaters, and as it pertained to operations within the United States. As in 2. a., above, the following outline will be observed.)

- a. Medical Troop Basis.
- b. Medical supply and equipment.
- c. Hospitalization.
- d. Evacuation.
- e. Preventive Medicine.
- f. Professional Medical care.
- g. Reconditioning.

4. Specific Operations.

- a. General medical features common to all overseas operations.
- b. Special medical features peculiar to certain operations.

- (1) Military Situation: e.g. distance from base, amphibious.
- (2) Terrain: e.g. mountainous, desert, island hopping.
- (3) Medical exigencies: e.g. climate and endemic disease.

c. Relation of above factors on overall planning.

- (1) Lessons learned from early actions.
- (2) Application of experience to later plans.

5. Preparations in the Zone of the Interior.

a. For operations in the ZI.

- (1) Medical Personnel.
- (2) Medical supply and equipment.
- (3) Hospitalization.
- (4) Evacuation.
- (5) Preventive Medicine.
- (6) Professional Medical care.
- (7) Reconditioning.

b. For Overseas operations. (as they occurred chronologically)

- (1) Medical Personnel.
- (2) Medical supply and equipment.
- (3) Hospitalization.
- (4) Evacuation.
- (5) Preventive Medicine.
- (6) Professional medical care.
- (7) Reconditioning.

VOLUME TWO

PART V. THE MEDICAL SERVICE IN THE WAR AGAINST GERMANY.

Section One - Early History and Planning.

1. Introduction: Strategic and Tactical Considerations.

- a. Military situation in 1941.
- b. Pre-war plans.
- c. Development of strategy.

2. Medical Activities prior to U.S. entry into the war.

- a. Occupation of Iceland.
- b. Special Observers Group.

3. Overall plans: Organization of Theaters of Operation.

- a. Inter-theater relationships.
 - b. Special features of separate theaters in European area.
4. Early Activities in Great Britain.
- a. USAFBI and ETOUSA.
 - b. Medical provisions for U.S. troops in North Ireland.
 - c. Preliminary plans for operations in 1942, 1943.
 - d. Summary of BOLERO plans for reception of U.S. troops.

Section Two - Medical Service in the
North African and Mediterranean Theaters.

5. Planning the TORCH Operation.
- a. Problems of mounting the operation jointly from Great Britain and the United States.
 - b. Medical Organization.
6. Medical aspects of the North African landings.
7. Organization of Medical Sections, AFHQ and NATOUSA.
- a. The Tunisian campaign.
 - (1) Medical aspects.
 - (2) Innovations.
 - (3) Lessons learned.
8. The Invasion of Sicily.
- a. Medical preparations.
 - b. Medical support of the landings.
 - c. Hospitalization and evacuation.
9. The campaign in Italy.
- a. Overall strategy and tactical considerations.
 - (1) Planned medical support.
 - b. U.S. Fifth Army landings at Salerno. Aspects of Medical Service.
 - (1) Co-ordination with British Eighth Army.
 - c. The advance to Naples. Medical aspects.
 - d. On to Rome.

- (1) Stalemate at Anzio.
 - (a) Medical aspects.
- (2) Capture of Rome.
- e. Preparations for the Invasion of Southern France.
 - (1) Depletion of Italian forces.
- f. Static warfare at the Gothic Line. Medical aspects.
- g. Final drive to the North. Medical aspects.
- h. Summary of Medical Service in MTOUSA.
 - (1) Medical personnel and units.
 - (2) Medical supply problems and activities.
 - (3) Hospital construction and operation.
 - (4) Evacuation.
 - (a) Intra-theater.
 - (b) To the Zone of the Interior.
- (5) Preventive Medicine.
 - (a) Epidemiology.
 - (b) Sanitation and Nutrition.
 - (c) Venereal Disease Control.
- (6) Professional Medical Care.
 - (a) Medical.
 - (b) Surgical.
 - (c) Neuropsychiatric.

Section Three - Medical Service in the European Theater of Operations.

- 10. Organization of ETOUSA.
 - a. Chief Surgeon's Office.
- 11. Provisions for Medical Service in Great Britain.
 - a. Flow of Medical troops and units.
 - b. Hospital construction - BOLERO plans.
 - c. Medical supply program.
 - d. Preventive Medicine and Professional care.
- 12. Plans and Preparations for operation OVERLORD.

- a. Organization of SHAEF: Chief Medical Officer.
 - b. Medical organization and plans of other echelons.
13. Summary of tactical operations.
14. Medical aspects of the Normandy Invasion.
- a. Support of the landings and campaign.
 - b. The breakthrough: The Third U. S. Army.
15. Early activities of the Communications Zone.
- a. On the continent.
 - b. The United Kingdom Base.
16. Medical Aspects of the Invasion of Southern France.
- a. Organizational changes effected by link-up.
17. Medical service of the Ground Forces under conditions of relatively static warfare and during the German counter-offensive.
18. Extension of the Communications Zone.
- a. Details of Operations. Medical aspects.
19. Medical Service of the final drive into Germany.
20. Initial plans and organization for German occupation.
21. Summary of ETO Medical Service.
- a. Medical personnel and units.
 - b. Medical supply problems and activities.
 - c. Hospitalization.
 - d. Evacuation.
 - (1) Intra-theater. Continent to United Kingdom.
 - (2) To the Zone of the Interior.
 - e. Preventive Medicine.
 - (1) Epidemiology.
 - (2) Sanitation and Nutrition.
 - (3) Venereal Disease Control.
 - f. Professional Medical Care.
 - (1) Medicine.
 - (2) Surgery.
 - (3) Neuropsychiatry.

Section Four - Medical Service in the Middle
East Theater of Operations.

- 22. Mission of the Theater. Organization.
 - a. Organization of the Medical Service.
- 23. Operation of the Medical Service.
 - a. Personnel.
 - b. Supply.
 - c. Hospitalization.
 - d. Evacuation.
 - e. Preventive Medicine.
 - f. Professional Medical Care.

Section Five - Summary of Medical Service
and Comparison of Theaters.

- 24. Peculiar characteristics of separate theaters.
- 25. Summary of the Medical Service in the War against Germany.

VOLUME THREE

PART VI. THE MEDICAL SERVICE IN THE WAR AGAINST JAPAN.

Section One - Pre-war and Defensive Activities.

- 1. Pre-war Medical Situation in the Asiatic-Pacific Area.
 - a. The Hawaiian Department.
 - b. The Philippine Department.
 - c. The China-Burma-India Sector.
- 2. The Japanese Offensive.
 - a. Pearl Harbor and the Central Pacific.
 - b. Philippine Islands.
 - c. East Indies.
 - d. Burma-China.
 - e. South of the Equator.
 - f. The Aleutians.

Section Two - The Southwest Pacific Area.

3. Administration of the Medical Service.
 - a. Introduction and General Background.
4. Organization of the Office of the Chief Surgeon.
 - a. Relationships of the Chief Surgeon.
 - b. Personnel.
 - c. Planning and Training.
 - d. Medical Supply and Equipment.
 - e. Evacuation.
 - f. Medical Records and Intelligence.
 - g. Administration of Professional Services.
 - (1) Consultants in Medicine and Surgery.
 - (2) Preventive Medicine.
 - (3) Dental Service.
 - (4) Veterinary Service.
 - (5) Nutrition.
 - (6) Army Nurse Corps.
 - (7) Reconditioning.
5. Medical Support of Combat Operations.
 - a. General Considerations.
 - b. Papuan Campaign.
 - c. Northern Solomons.
 - d. Bismarck Archipelago.
 - e. Western Pacific (Air).
 - f. Southern Philippines.
 - g. Luzon.
 - h. Ryukyus.
6. Planning of OLYMPIC, CORONET, and BLACKLIST Operations.

Section Three - South Pacific Area.

7. Administration of the Medical Service.
 - a. Introduction and General Background.
8. Organization of the Office of the Chief Surgeon.
 - a. Relationships of the Chief Surgeon.
 - b. Personnel.
 - c. Planning and Training.
 - d. Medical Supply and Equipment.

- e. Evacuation.
- f. Medical Records and Intelligence.
- g. Administration of Professional Services.

- (1) Consultants in Medicine and Surgery.
- (2) Preventive Medicine.
- (3) Dental Service.
- (4) Veterinary Service.
- (5) Nutrition.
- (6) Army Nurse Corps.
- (7) Reconditioning.

9. Medical Support of Combat Operations.

- a. General Considerations.
- b. Guadalcanal.
- c. Northern Solomons.
- d. Bismarck Archipelago.
- e. Merging Operations with Southwest Pacific Area.

Section Four - Central Pacific Area.
(Later Pacific Ocean Area).

10. Administration of the Medical Service.

- a. Introduction and General Background.

11. Organization of the Office of the Chief Surgeon.

- a. Relationships of the Chief Surgeon.
- b. Personnel.
- c. Planning and Training.
- d. Medical Supply and Equipment.
- e. Evacuation.
- f. Medical Records and Intelligence.
- g. Administration of Professional Services.

12. Establishment of Base Commands.

13. Medical Support of Combat Operations.

- a. Central Pacific Area.
- b. Eastern Mandates.

- (1) Gilbert Islands.
- (2) Marshall Islands.

- c. Western Pacific.

- (1) Marianas.

- (2) Palau Islands.
- (3) Planning for Yap Invasion.
- (4) Iwo Jima.

d. Ryukyus.

- (1) Okinawa.

14. Planning for the Invasion of Japan.

Section Five - China-Burma-India.

15. Administration of the Medical Service.

- a. Introduction and General Background.

16. Organization of the Office of the Chief Surgeon.

- a. Relationships of the Chief Surgeon.
- b. Personnel.
- c. Planning and Training.
- d. Medical Supply and Equipment.
- e. Evacuation.
- f. Medical Records and Intelligence.
- g. Administration of Professional Services.

17. Medical Training of Chinese Personnel.

18. Medical Support of Combat Operations.

- a. India-Burma.
- b. Central Burma.
- c. China.

19. Activities of the China Theater following its separation from CBI.

Section Six - Civil Health and Rehabilitation.

Section Seven - Occupation of Japan.

Section Eight - Summary of the Medical Service in
the War Against Japan.

20. Topical Discussion.

- a. Medical Personnel and Units.
- b. Medical Supply: Problems and Activities.

- c. Hospitalization.
- d. Evacuation.
 - (1) Intra-Theater.
 - (2) Between Theaters.
 - (3) To the Zone of the Interior.
- e. Preventive Medicine.
 - (1) Epidemiology.
 - (2) Venereal Disease Control.
 - (3) Sanitation and Nutrition.
- f. Professional Medical Care.
 - (1) Medicine.
 - (2) Surgery.
 - (3) Neuropsychiatry.

VOLUME FOUR

PART VII. EVACUATION FROM OVERSEAS: MEDICAL SERVICE IN THE ZONE OF THE INTERIOR.

- 1. The Chain of Evacuation.
 - a. Brief Summary of intra-theater evacuation.
 - (1) Methods employed. Improvisations.
 - (2) Holding policies.
 - b. Evacuation to the United States. By theater.
 - (1) Policies.
 - (a) Influencing factors.
 - (2) Methods employed.
 - (a) Troop transport.
 - (b) Hospital ship.
 - (c) Air: types of aircraft utilized.
 - (3) Employment of Medical units.
 - (a) At holding stations. Type of treatment.
 - (b) In transit. Type of treatment.

c. Reception of patients in the Zone of the Interior.

- (1) Port and Airfield reception facilities.
- (2) Port of Embarkation hospitals. Triage activities.
- (3) Medical Regulating service.
- (4) Service Command jurisdiction.
- (5) Evacuation from Port areas.

2. The Organization of the Zone of the Interior Medical Service.

a. The Surgeon General's Office.

- (1) Responsibilities for care and treatment policies.
- (2) Development of the consultant program.
- (3) Exempted installations.

b. The Service Commands.

- (1) The Offices of the Surgeons.
- (2) Jurisdiction and responsibilities.

c. The United States Army Air Forces.

- (1) Office of the Air Surgeon.
- (2) AAF Medical installations.

3. The Operation of the Zone of the Interior Medical Service.

a. Hospitalization.

- (1) Station Hospitals.
- (2) Regional Hospitals.
- (3) General Hospitals.
- (4) Convalescent Hospitals. ASF and AAF.

b. Professional Medical Care. (A discussion of the policies and treatment in each of the medical specialties.)

c. Reconditioning.

- (1) Policies.
- (2) Installations, type of treatment, and dispositions.

d. Medical care of Prisoners of War.

PART VIII. REDEPLOYMENT, DEMOBILIZATION, AND THE MEDICAL SERVICE OF THE ARMY OF OCCUPATION.

1. War Department plans following victory in Europe.

- a. Overall plan for shift of troops from Europe to Pacific.
- b. The Surgeon General's plan for Medical redeployment.
2. Categories of Medical Units and personnel.
 - a. Nomination and phasing of units.
 - (1) Medical units in scarce category.
 - b. Specialist personnel in scarce category.
3. Readjustment of Medical personnel. In ZI and in theaters.
 - a. Adjusted Service Ratings.
 - b. Key professional personnel.
 - c. Physical qualifications.
 - (1) PULHES system.
4. Movement of Medical Troops.
 - a. From Europe to the Pacific.
 - b. From Zone of the Interior to the Pacific.
 - c. From Europe and Pacific to Zone of the Interior.
5. Movement of Medical supplies and equipment. (As in 4, above.)
6. Redeployment training program. In ZI and theaters.
 - a. AGF, AAF, and ASF.
 - b. Professional and specialist courses.
7. War Department Redeployment and Demobilization plan following VJ-Day.
 - a. Troop basis for ZI and Occupied countries.
 - (1) Medical troop requirements.
 - (2) Selection of personnel.
 - b. Return of excess units and personnel from theaters.
 - (1) Unit shipments: nomination and phasing.
 - (2) Casual shipments.
 - (a) Return of Medical Corps officers.
 - (b) Return of specialist personnel.
 - (3) Medical service for returning troops in transit.

c. Demobilization.

(1) Administrative organization.

(a) In theaters.

(b) In Zone of the Interior.

(2) Inactivation of units.

(3) Discharge of personnel.

(a) Reserve appointments and enlistments.

(4) Disposition of surplus medical supplies and equipment.

8. Medical Service of the Army of Occupation. (Discuss by theaters.)

a. Organization of Force Headquarters.

(1) Responsibilities and functions of the Medical Section.

(2) Decentralization to subordinate commands.

b. Medical personnel and troop basis.

(1) Utilization of units.

(2) Training.

(3) Morale and recreation.

c. Medical supplies and equipment.

(1) Procurement, storage, and issue.

(2) Production control.

d. Hospitalization.

e. Preventive Medicine and Venereal Disease Control.

f. Professional Medical Care.

g. Evacuation.

PART IX. RECAPITULATION OF THE MAJOR ASPECTS OF THE MEDICAL SERVICE.

(This Part should provide a general summation of the major subjects, reviewing points previously considered in the chronological story and adding details of a general nature, which, if they had been included earlier, would have clogged the narrative.)

1. Summation of Medical Service Organization.

a. Effect of Changes in the Organization of the SGO.

b. Effect of Higher Echelon Organization on the Organization and Operations of the Medical Service.

- (1) Allied Commands.
- (2) Joint Command with the U.S. Navy and/or Marine Corps.
- (3) Comparison of Organization in different Theaters.

c. Effect of Changes in Ground and Air Force Organization.

2. Medical Personnel and Troop Strength.

- a. Recapitulation of Medical Troop Basis.
- b. Medical Tables of Organization.
- c. Flow of Personnel and Medical Units.

- (1) Within the Zone of the Interior.
- (2) From the ZI to Theaters.

d. Specialist Professional Personnel.

- (1) Problems of procurement and assignment.

- e. Operation of Reinforcement Systems.
- f. Discipline, Morale, and Recreation.

3. Training of Medical Troops and Units.

- a. Medical Replacement Training Centers.
- b. Medical Field Service School.
- c. Enlisted Technician Schools.
- d. Officer Candidate Schools.
- e. Professional Specialty Courses.
- f. Unit Training: Unit Training Centers.
- g. Training Overseas.

4. Functioning of Type Medical Units.

(A detailed study of operations in the following type units:
 General, Station, Field, and Evacuation Hospitals.
 Surgical Hospitals and Auxiliary Surgical Groups.
 Medical Groups and Battalions.
 Medical Clearing, Collecting, and Motor Ambulance Companies.
 Division Medical Service.)

VOLUME FIVE

5. Hospitalization.

a. Recapitulation of Total Bed Requirements.

- (1) In Zone of the Interior.
- (2) In Overseas Theaters.

- b. Construction and Maintenance.
- c. Administration.
- d. Hospital Centers.
- e. Improvised Hospitalization.
- f. Statistical Summary.

(1) Beds, Admissions, Dispositions.

6. Morale and Recreation.

- a. Unit Facilities and Program.
- b. Hospital Facilities and Program for Patients.
- c. The American Red Cross.
- d. The United Service Organizations.
- e. Recreation and Entertainment Overseas.

7. Medical Records.

- a. Organization for Collection.
- b. Evolution of Medical Statistics.
- c. Problems in Compilation.
- d. Personnel and Equipment Utilized.

(1) Training Program.

- e. Utilization of Medical Records.

8. Evacuation.

- a. Organization of Evacuation Chain.

- (1) Command and Jurisdiction.
- (2) The Key Links.

- b. Operation within Theaters.
- c. Operation to and in the Zone of the Interior.
- d. Methods of Transport.

- (1) Standard Facilities.
- (2) Improvised Methods.

- e. Statistical Summary.

9. Medical Supply and Equipment.

- a. Organization of the Supply Service.
- b. Procurement and Fiscal Policies.
- c. Problems of Procurement and Production.
- d. Unit Allowances.
- e. Supply Depot Program.
- f. Requisitioning Procedures.

- g. Stock Record Control.
- h. Distribution and Issue.
- i. Maintenance Facilities.
- j. Overseas Supply Program.

10. Research and Development.

- a. Medicine.
- b. Surgery.
- c. Preventive Medicine.
- d. Drugs and Supplies.
- e. Equipment.

VOLUME SIX

11. Aviation Medicine.

- a. Organization: The Air Surgeon's Office.
- b. Training and Assignment of Personnel.
- c. Research and Development.
- d. Physiology.
- e. Psychology.
- f. Health and Physical Fitness.
- g. Reconditioning.
- h. Statistical Summary.

VOLUME SEVEN

12. Preventive Medicine.

- a. Organization of the Preventive Medicine Program.
 - (1) Summary of Spheres of Activity.
 - (2) Revisions and Plans.
- b. Epidemiology.
 - (1) Infectious Diseases.
 - (a) Intestinal: Diarrheas and Dysenteries, etc.
 - (b) Respiratory: Upper, Influenza, Pneumonias, etc.
 - (c) Typhus, Malaria, and others.
 - (d) Miscellaneous Infections.
 - (2) Immunization Program.

- (a) In the Zone of the Interior.
- (b) In Overseas Theaters.

(3) Foreign Quarantine.

c. Venereal Disease Control.

- (1) Policies.
- (2) Collaboration with Civilian Authorities.

- (a) In the Zone of the Interior.
- (b) In Overseas Theaters.

(3) Special Control Measures.

- (a) Training of VD Officers.
- (b) Contact Investigations.

(4) Educational Program.

- (a) Pamphlets, Posters, Training Films, etc.
- (b) Informal Unit Discussions.

(5) Prophylaxis.

- (a) Mechanical.
- (b) Chemical.
- (c) Station.

(6) Treatment of Venereal Disease.

- (a) Facilities.
- (b) New Developments.

- 1 Sulfa Drugs.
- 2 Intensive Arsenotherapy.
- 3 Penicillin.

(7) Statistical Summary.

- (a) Comparison of Rates with these of World War I.
- (b) Other Comparisons: Time and Place.
- (c) Non-effective Data.
- (d) Complication Rates.

d. Laboratory Service.

- (1) Development of Service: Organization in ZI and Overseas.
- (2) Facilities: Type Army Laboratories.
- (3) Unit Laboratory Service.

- (a) Activities in Hospital Laboratories.
- (4) Laboratory Functions: Supplies, Cultures, Reagents, etc.
 - (a) Clinical Pathology.
 - (b) Serology Tests.
 - (c) Epidemiology Service.
 - (d) Food Studies and Tests.
 - (e) Research and Experiments.
- (5) Summary of Results.
- e. Nutrition.
 - (1) Basic Standards of Diet. Liaison with Quartermaster Corps.
 - (a) Requirements.
 - (b) Rations: Types, Factors Determining Use of.
 - (c) Ration Supplements.
 - (2) Military Diets. Composition and Adequacy.
 - (a) Training and Combat.
 - (b) Air Forces in Flight.
 - (c) In Hospitals.
 - 1 Dietitians Corps.
 - 2 Special Feeding Problems: Hepatitis, etc.
 - (d) Others.
 - (3) Nutritional Diseases.
 - (4) Malnutrition.
 - (a) Among Recovered Allied Military Personnel.
 - (b) In Civilian Populations.
 - (c) Special Problems.
 - (5) Prisoner of War Feeding.
 - (6) Nutritional Research.
 - (7) Nutritional Surveys.
- f. Tropical Diseases.
 - (1) Malaria Control.
 - (a) Incidence: Relation to Military Operations.
 - (b) Training: Army School of Malariology.
 - (c) Cooperation with U. S. Public Health Service.
 - (d) Research and Development.

- 1 Drugs.
- 2 Insecticides.
- 3 Repellents.
- 4 Equipment.

(e) Mosquito Control.

(2) Incidence and Control Measures of:

- (a) Dengue Fever.
- (b) Sandfly Fever.
- (c) Filariasis.
- (d) Leishmaniasis.
- (e) Rocky Mountain Fever.
- (f) Relapsing Fever.
- (g) Trypanosomiasis.
- (h) Plague.
- (i) Tularemia.

(3) Intestinal Infections. Incidence and Control of.

- (a) Amebiasis.
- (b) Schistosomiasis.
- (c) Intestinal Parasites.

- 1 Hookworm.
- 2 Tapeworm.
- 3 Ascaris, Trichuris, Enterobius.

(4). Statistical Summary of Results.

g. Sanitation and Hygiene.

(1) Personal Hygiene.

- (a) Education.
- (b) Instruction.
- (c) Facilities.

- 1 Bathing.
- 2 Laundry.
- 3 Clothing Disinfection.

(d) Preventive Measures in care of:

- 1 Feet: Athlete's Foot, Trenchfoot.
- 2 Hands: Frostbite, cleanliness.
- 3 Teeth and Gums: habits of cleanliness.
- 4 Skin: Scabies, cleanliness.

(2) Sanitary Engineering.

(a) Water Supply.

- 1 Standards and Allowances.
- 2 Purification.
- 3 Bacteriological Control.
- 4 Individual Sterilization.

(b) Disposal of Waste.

- 1 Human Waste.
- 2 Garbage.

- (c) Insect Control.
- (d) Control of Rodents.
- (e) Cooperation with USPHS.

h. Occupational Health.

- (1) Industrial Medical Facilities.
- (2) Cooperation with Ordnance Dept. and USPHS.

- (a) Safety and Security Div., Ordnance Dept.
- (b) Procurement of Experienced Personnel.

(3) Army Industrial Hygiene Laboratory.

(a) Standards for Army-owned Industrial Plants.

- 1 Building Design and Equipment.
- 2 Examination of Employees.
- 3 Dispensary Service.

- (4) Armored Medical Research Laboratory.
- (5) Activities in Toxicology.

- (a) Munitions Plants.
- (b) Chemicals.

i. Civil Health.

- (1) Organization and Planning.
- (2) Selection of Personnel.
- (3) Liaison.

- (a) United States Public Health Service.
- (b) United Nations Relief and Rehabilitation Administration.
- (c) American Red Cross.
- (d) Rockefeller Foundation.

(4) Comparison of Theater Activities.

- (a) Care of Civilian Casualties.
- (b) Hospitalization and Supply.
- (c) Communicable Diseases.
- (d) Sanitation and Nutrition.
- (e) Rehabilitation of Civilian Public Health Agencies.

j. The United States of America Typhus Commission.

- (1) Establishment of the Commission.
- (2) Scope of Operations and Activities.
- (3) Overseas Field Headquarters: Description of activities in each.
- (4) Relations with Military Authorities.
- (5) Special problems of Control.
 - (a) Outbreak of Typhus in Naples and Southern Italy in the winter of 1943-1944.
 - (b) Others.

(6) Special Surveys.

k. The United States Army Epidemiological Board.

- (1) A survey of the activities of the Central Board and its ten commissions.
- (2) Review of control programs.

13. Medical Intelligence.

- a. Organization: Agencies for Collection of Information.
- b. Methods of Analysis.

(1) Surveys, Operational Reports, Maps, etc.

- c. Epidemiological Studies.
- d. Studies of Enemy Medical Service and Equipment.
- e. Information on potential use of tactical medical agents by enemy.
- f. Dissemination and Circulation of information.
- g. Liaison with Government and Military Agencies.
- h. Exchange of Technical Data with Foreign Governments.

14. Provisions for the Treatment of Gas Casualties.

- a. Liaison with the Chemical Warfare Service.
- b. Research and Training.
- c. Studies in Toxicity: Development of Therapeutics.
- d. Medical Gas Treatment Battalions.

- (1) Purpose and Training.
- (2) Utilization in Overseas Theaters.

- e. Contributions to General Medicine.
- f. Conclusions.

15. Veterinary Medicine.

- a. Organization of Veterinary Corps: Scope of Activities.
- b. Procurement, Training, and Assignment of Personnel.
- c. Veterinary Installations, Units, and Supply.
- d. The Army Food Inspection Program.

- (1) Foods of Animal Origin.
- (2) Perishable Food Products.
- (3) Relations with the Quartermaster Corps.

- e. Veterinary Service with Animals.

- (1) Used in Military Operations.
- (2) Pets.
- (3) Quarantine restrictions.

- f. Problems in Overseas Theaters.
- g. Reports and Publications.

VOLUME EIGHT

16. Professional and Scientific Liaison

- a. With other War Department Agencies.
- b. With other U. S. Government Agencies.
- c. With U. S. Civilian Groups.
- d. With Foreign Government, Military, and Civilian Agencies.
- e. Joint Research Programs.
- f. Exchange of Technical Information.
- g. Summation of Liaison benefits.

17. Professional Medical and Surgical Care: Organization and Policy.

- a. Organization.

- (1) The general administrative organization of the Professional Services program and the integration of the other essential elements of the medical service for this end.

(a) Personnel and Medical Units.

1 Procurement and Assignment.

- a Procurement from civilian status: evaluation and assignment in the military service.
- b Problems in professional assignments overseas.

2 Specialized training.

- a Within the military structure.
- b In Civilian institutions.

3 Professional aspects of Tables of Organization.

- a Determination of professional assignments as based on anticipated functions of units.

4 Rotation of personnel.

- a To strengthen a professional service.
- b As a professional stimulant.

(b) Supply and Equipment.

1 Determination of professional needs.

- a Basic requirements.
- b Special conditions: e.g. medical maintenance units for special task and assault forces, the requirements for which were studied and determined by Medical consultants.

2 Survey of adequacy or inadequacy of supplies and equipment from the professional standpoint.

- (c) Hospital facilities: the physical plants of various type hospitals in relation to professional demands.
- (d) Evacuation facilities: the provisions for professional care during evacuation.

(2) The Consultant System.

(a) Extensiveness of organization.

- 1 The Surgeon General's Office.
- 2 The Service Commands.
- 3 Within the Army Ground Forces.
- 4 Within the Army Air Forces.
- 5 In Overseas Theaters.

- a The Theater Surgeon's Office.
- b Subordinate echelons, Communications Zone.
- c In Field Armies.
- d In Air Force commands.

(b) The Selection of Consultants.

- 1 Factors influencing assignment.

(c) The Role of Consultants.

- 1 Formulation of professional policies.
- 2 Availability for consultation.
- 3 Educational activities.
- 4 Advice on integration of other elements of the medical service for professional ends.

b. Professional Policy.

- (1) The general basis for professional policies in relation to current medical practices and military requirements.
- (2) Basis of research and professional advice.
 - (a) Army Medical Department.
 - (b) National Research Council.
 - (c) Committee for Medical Research.
- (3) Promulgation of policies and dissemination of information.
 - (a) Collection of information from the field.
 - 1 Medical intelligence.
 - 2 Special reports, surveys.
 - 3 Essential technical medical data reports.
 - (b) Directives and publications.
 - 1 TM 8-210, other professional manuals.
 - 2 Theater manuals: e.g. ETO Manual of Therapy.
 - 3 Circular letters and technical bulletins.
 - 4 Bulletin of the U. S. Army Medical Department.
 - 5 Theater bulletins and directives.
- (4) Special points of policy.
 - (a) Specialized treatment centers.
 - (b) Diagnostic methods.
 - (c) Use of drugs and other therapeutic agents.
 - (d) Laboratory procedures.

(Special Note: In chapter 17, above, a general discussion of the activities incident to the administration of the professional services program has been outlined. The majority of the points dealt with in this outline are generally applicable to the separate accounts of medicine, surgery, neuropsychiatry, and their specialties. In chapters 18, 19, and 20, this introductory pattern of organization and policy will be repeated to include more detailed discussions of those activities which were peculiar to the specialized fields.)

18. The Medical Service.

- a. Organization.
- b. General Policies.
- c. General health conditions of the army.
 - (1) Upon induction.
 - (2) During training and conditioning phase.
 - (3) Relation to Disease problems.
- d. Effect of climate and environmental factors in various areas.
- e. Disease Surveys.
- f. Policy and problems of special diseases.
 - (1) Respiratory diseases.
 - (a) Upper respiratory infections.
 - (b) Influenza.
 - (c) Pneumonia.
 - 1 Atypical pneumonia.
 - (d) Tuberculosis.
 - (2) Intestinal diseases.
 - (a) Diarrhoea.
 - (b) Dysentery.
 - 1 Amoebic.
 - 2 Bacillary.
 - (3) Skin diseases and infestations.
 - (4) Malaria.
 - (5) Typhus.
 - (6) Jaundice and infectious hepatitis.
 - (7) Other communicable diseases.
 - (a) Meningitis.
 - (8) Cardiovascular diseases.

- (9) Gastro-intestinal diseases.
- (10) Nutritional diseases.

g. Dermatology.

(1) Venereal diseases.

- (a) Gonorrhoea.
- (b) Syphilis.
- (c) Others.
- (d) Penicillin treatment of gonorrhoea and syphilis.
- (e) Intensive arsenotherapy of syphilis.
- (f) Correlation with Preventive Medicine VD program.

h. Summary of results.

- (1) Care of the soldier.
- (2) Advances in medicine.

19. Surgical Service.

a. Organization.

b. General Policies.

c. Principles of treatment of battle casualties.

- (1) In relation to the chain of evacuation and mobile units.
- (2) Surgical principles.
- (3) Chemotherapy.

d. Shock and transfusion.

- (1) Principles in prevention and treatment of shock.
- (2) Use of plasma.
- (3) Use of whole blood.

- (a) Development of blood banks.

e. Anesthesia.

f. Nutrition in surgical patients.

g. Radiology.

- (1) Equipment.
- (2) Diagnostic.
- (3) Therapeutic.

h. The surgical specialties: discuss organization, policies, treatment of:

- (1) Neurosurgery.

- (a) Peripheral nerve injuries.
 - (b) Spine injuries.
 - (c) Herniated nucleus pulposus.
 - (d) Causalgia.
 - (e) Brain and spine tumors.
- (2) Thoracic surgery.
- (a) Chest wounds.
 - (b) Thorace-abdominal wounds.
 - (c) Wounds of the heart.
- (3) Abdominal surgery.
- (a) Wounds of the abdomen and pelvis.
- (4) Orthopedic surgery.
- (a) Fractures.
 - (b) Joint injuries.
 - (c) Amputations.
 - (d) Injuries to the extremities.
 - (e) Physical therapy.
- (5) Plastic surgery.
- (a) Wounds of face and head.
 - (b) Burns.
 - (c) Hand injuries.
 - (d) Reconstructive surgery.
- (6) Urologic surgery.
- (a) Wounds of the genito-urinary system.
 - (b) Other surgical diseases of the GU system.
- (7) Ophthalmology.
- (a) Eye wounds.
 - (b) Blindness.
- (8) Otolaryngology.
- (a) Wounds.
 - (b) Deafness.
- (9) Peripheral vascular disturbances.
- (a) Major blood vessels.
 - (b) Aneurysms.

- (c) Frost-bite.
- (d) Trench foot.
- (10) General surgery.
- (11) Surgical infections and chemotherapy.
 - (a) Gas gangrene.
 - (b) Tetanus.
 - (c) Pyogenic.

i. Summary of results.

- (1) Care of the soldier.
- (2) Advances in surgery.

20. Neuropsychiatric Service.

- a. Organization.
- b. General Policies.
- c. Screening and selection of inductees.

- (1) Procedures.
- (2) Results.
- (3) Significance.

d. Types of syndromes.

- (1) Situational maladjustment.
- (2) Psychoneuroses.
- (3) Psychoses.
- (4) Psychopaths.
- (5) Mental deficiency.
- (6) Psychosomatic.
- (7) Attitude problems.
- (8) Homosexuals.

e. Clinical Neurology.

- (1) Relationships to NP and Neurosurgery.
- (2) Neurological centers.

- (a) Methods of treatment.

- (3) Special studies.

f. Clinical Psychology.

- (1) Evolution in the army.
- (2) Relationship to psychiatry.
- (3) Methods and tests.
- (4) Effectiveness of program.

g. Psychiatric social work.

- (1) Development of program.
- (2) Type of work: problems.
- (3) Effectiveness.

h. Treatment.

- (1) Combat exhaustion.
 - (a) Combat situations.
 - (b) Hospital methods.
 - (c) Group psychotherapy.
- (2) Psychotherapy under sedation.
 - (a) Insulin.
 - (b) Shock.
- (3) Retraining centers.
- (4) Effectiveness of program.

i. Correction Psychiatry.

- (1) Installations.
- (2) Policies and methods.
- (3) Types of problems.
- (4) Results: statistics.

j. Summary of results of NP service.

- (1) Care of the soldier.
- (2) Advances in neuropsychiatry.

21. Care of Female Personnel.

- a. Introduction: Discussion of the role of women in the Service.
- b. Organization of Women's Medical Service.

- (1) Physical standards.
- (2) Treatment policies.
- (3) Special problems.

c. Preventive medicine.

d. Hospitalization.

e. Professional medical care.

f. Care and hospitalization overseas.

- (1) Special problems.
- (2) Evacuation.

g. Summary and evaluation of program.

(1) Scope and statistics.

22. Professional Medical and Surgical Care: Conclusion.

a. The operation of professional services.

(1) At various command levels.

(a) War Department.

1 Surgeon General's Office.

2 Army Ground Forces.

3 Army Air Forces.

(b) Service commands.

(c) Theater headquarters.

1 Subordinate theater echelons.

(d) Medical Department units.

(2) Distinctive general professional problems.

(a) In different type medical units.

(b) In relation to tactical military situation.

(c) In relation to geographical areas.

(d) In relation to the professional ability of personnel.

b. Coordination of professional services activities.

(1) With preventive medicine.

(a) Epidemiology.

(b) Venereal diseases.

(c) Laboratories.

(d) Nutrition.

(e) Sanitation.

(2) With other aspects of professional care.

(a) Nursing.

(b) Dentistry.

(c) Physical therapy.

(d) Dietetics.

23. Nursing Service.

a. Organization of the Army Nurse Corps.

- (1) Administration.
- (2) Legislative developments.

b. Procurement of nurses.

- (1) Requirements.
 - (a) Determining factors.
 - (b) Revisions.
- (2) Methods.
 - (a) Policies.
 - (b) American Red Cross.
 - (c) Proposed draft of nurses.

c. Training.

- (1) Basic military courses.
- (2) Air Evacuation.
- (3) Unit military training.
- (4) Professional training.
 - (a) Operating room supervision.
 - (b) Anesthesia.
 - (c) Neuropsychiatry.
 - (d) Dietetics.

d. Assignment.

- (1) Air, Ground, and Service force requirements.
- (2) Overseas duty.

e. Uniforms, equipment, and supply.

f. Professional duties: by type medical units.

g. The Nursing service overseas.

h. Morale and recreation.

- (1) Promotion policies.

i. Evaluation of the Nursing service.

24. The Dental Service.

a. Organization of the Army Dental Corps.

- (1) Administration.
 - (2) Expansion.
- b. Procurement of Dentists.
 - (1) Requirements.
 - (a) Revisions.
 - (2) Policies and procedures.
 - (3) American Dental Association.
- c. Training.
 - (1) Medical Field Service School.
 - (2) Unit training.
 - (3) Professional training.
 - (a) Maxillo-facial courses.
 - (b) Plastic surgery.
 - (c) Prosthodontistry.
 - (d) Artificial eye program.
 - (4) Training of dental assistants.
 - (a) Enlisted and civilian laboratory technicians.
 - (b) Dental hygienists.
- d. Assignment.
 - (1) Requirements.
 - (2) Policies.
- e. Equipment and supply.
 - (1) Procurement and distribution.
 - (2) MD Chests Nos. 60, 61, and 62.
 - (a) Distribution and use.
 - (3) Dental kits.
 - (4) Type unit equipment.
 - (5) Mobile Dental laboratories.
 - (6) Mobile Dental operating units.
- f. Professional Dental service.
 - (1) Rehabilitation of Selective Service registrants prior to induction.

(2) Dental admissions and treatment.

- (a) Extractions.
- (b) Restorations.
- (c) Prosthetic appliances.

- (3) Maxillo-facial surgery.
- (4) Artificial eye manufacture.
- (5) Treatment of dental infections.

g. Dental Installations.

- (1) Dental clinics.
- (2) Dental dispensaries.
- (3) Central Dental laboratories.
- (4) Mobile units.
- (5) Overseas units.

h. Reports and Publications.

i. Summary of Dental Service.

25. Reconditioning.

- a. Organization.
- b. Major policies.
- c. Procurement of personnel.

- (1) Educational officers.
- (2) Reconditioning officers.
- (3) Instructors.

d. Training of duty personnel.

e. Physical reconditioning.

- (1) Development of program.
- (2) Training aids.
- (3) Equipment.
- (4) Professional values.

- (a) Revision of concepts on convalescent care.
- (b) Development of scientific exercises.

1 Orderly progression for different stages of convalescence.

f. Educational reconditioning.

- (1) Basic conceptions and aims.
 - (a) Emotional readjustment.
 - (b) Diversion of mind from illness.

- (c) Stimulate self-improvement.
- (2) Training program for patients.
 - (a) Facilities and equipment.
- g. Industrial Therapy.
 - (1) Work assignments.
 - (2) Birmingham plan.
 - (3) Problems.
- h. Occupational Therapy.
 - (1) Development of program.
 - (2) Facilities and supplies.
 - (3) Policies and standards.
 - (4) Occupational therapists.
 - (a) Duties.
- i. Reconditioning overseas.
 - (1) Theater policies.
 - (2) Installations and programs.
- j. Summary of results of the reconditioning program.
 - (1) In returning soldiers to duty status.
 - (2) In returning personnel to civil life.
 - (3) Statistical evidence of achievements.

PART X. THE EVALUATION OF THE RESULTS OF THE MEDICAL SERVICE.

Successes and Failures of its Major Mission.

- 1. In Disease Prevention.
 - a. Summary of Control Measures and General Effectiveness.
 - (1) Research background.
 - (a) Early Army studies.
 - (b) Board on infectious diseases.
 - (c) Typhus commission.
 - (d) NRC and CMR research.

(2) Inoculation program.

- (a) Tetanus toxoid.
- (b) Typhoid.
- (c) Cholera.
- (d) Yellow fever: the jaundice problem.
- (e) Typhus.
- (f) Smallpox.
- (g) Influenza.

(3) General program for communicable disease prevention.
As examples.

- (a) Respiratory diseases.
- (b) Venereal disease control.

(4) Measures in the field.

- (a) Malaria control.
- (b) Typhus control.

- 1 In Europe.
- 2 Scrub typhus in the Pacific.

- (c) Sanitary measures: to include mess sanitation, control of water supply, waste disposal, etc.

b. Relative Effectiveness.

(1) Comparison with World War I.

- (a) Examples: Tetanus, typhus.
- (b) Problem of intestinal diseases.
- (c) Comparative tables.

(2) At various times and places.

- (a) Malaria control.
- (b) Typhus in Italy and Germany.
- (c) Other disease conditions.

c. Relation to Strategy and Tactics.

- (1) Effect of Malaria in the Pacific theater.
- (2) Trench foot: Europe in winter of 1944-45.
- (3) Neuropsychiatric casualties.

- (a) Military considerations as causative factor.
- (b) Extent of effect on replacement problem.

(4) Other disease conditions affecting military operations.

(a) An example: Sulfaguanadine and dysentery in the Owen Stanley campaign.

(5) General problem of command responsibility for disease prevention.

d. Influence on Future Trends.

(1) Continuing research for future Army needs.

(2) Applications of experience for general programs.

(a) Research.

(b) Practical applications.

1 Inoculations.

2 Insect control.

3 Disease prevention campaigns.

4 Nutritional studies and world feeding problems.

2. In Caring for the Sick and Wounded.

a. Research Background.

(1) Army studies.

(2) NRC and CMR research.

b. Effectiveness of Treatment.

(1) Comparative Study of morbidity and mortality.

(a) Study of diseases incurred and results.

(b) Wounded.

1 General picture. (For detailed study refer to Part IX, and to the clinical and statistical volumes.)

2 Study on results by type of wounds and specialty concerned.

(2) Evaluation of professional policies and methods.

(3) Factors in attainment or failure of results.

(a) Organizational.

(b) Adequacy of facilities: e.g., hospitals, means of evacuation, supplies and equipment.

(c) Training and capabilities of entire personnel.

(d) Utilization of personnel.

(4) Special factors.

(a) Chemotherapy.

(b) Shock Therapy.

1 Plasma program.

2 Whole blood bank program.

(c) New Techniques.

c. Contributions to Medical Advances.

(1) Medical - Diagnostic and therapeutic.

(a) Tuberculosis: mass screening.

(b) Malaria treatment.

(c) Hepatitis.

(d) Chemotherapy: e.g. venereal diseases.

(e) Application of chemical warfare research.

(2) Surgical.

(a) New techniques.

(b) Chemotherapy.

(c) Peripheral nerve studies.

(d) Reconditioning, including early ambulation.

(3) Neuropsychiatric.

(4) Continuing research projects.

3. Effects of Disease and Injury.

a. On Conservation of Manpower.

(1) Non-effective rates for various diseases and injuries and their effect on the military picture.

(2) Disposition of the sick and wounded.

(a) Policy and methods.

(b) Numbers and types.

(c) Effect on the Army.

b. The Heritage.

(1) General effect on National health.

(a) Summary of Selective Service examinations as revealing the general situation of National health.

(b) Total effect of the sick and wounded of the war.

1 Possibilities of certain diseases: e.g. malaria.

2 Psychiatric.

3 The physically handicapped.

(2) The role of the Veterans Administration.

- (a) Number and types of cases transferred to VA.
- (b) The scope of the VA problem and the organization to cope with it.

PART XI. INDEX.

It is felt that this index should cover all Medical historical material published to date, including, in addition to the administrative and operational history, all clinical papers and medico-military monographs. Although it would entail periodic revision, as later works are published, this procedure would provide a single index to all authorized historical papers pertaining to the United States Army Medical Service in World War II.

